

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4572
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. St. Anthony St. St. Anthony
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lorenz Steinbrecher 951

(a) Residence, No. New Haven, Missouri St. NR
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carniage
9. Industry or business in which work was done, as saw mill, bank, etc. Painter
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Retired

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

13. NAME Lorenz

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Dr. W. F. Neun
(ADDRESS) 3115 So. Grand Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Feb. 3 1938

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 3634 Gravois Ave

20. FILED FEB 2 1938 J. T. Brudeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-29, 1938, to 1-31, 1938

I last saw him alive on 1-31, 1938 Death is said to have occurred on the date stated above, at 4:48 p.m.
The principal cause of death and related causes of importance were as follows:

Branches - pneumonia Date of onset 1/29/38

Other contributory causes of importance:
Ch. myocarditis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. F. Neun, M. D.

(Address) 3115 So. Grand

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Thysand. Licensed Embalmer No. 2645
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

 L. E. No. 2645 or by Registered Apprentice No.

working under my personal supervision:
Signed Frank J. Thysand.
Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)